# Selfridge Spouse Club Military Spouse Scholarship

The Selfridge Spouse Club (SSC) may award one \$1000 college scholarship to a military spouse. Eligibility requirements are listed below. Awards will be based on scholastic achievement, leadership, financial need, extracurricular activities (school, community, and personal), recommendations, and the student's personal statement. Recipients will be notified in April and honored at the May SSC Luncheon.

All applications should be typed. Attachments must be clearly labeled and securely attached to the application. Completed application forms with all attachments and required documentation as listed below must be postmarked *no later than 1 March 2005* to be considered. There are absolutely no exceptions.

Mail to: SSC Scholarship & Community Benefits Committee

P.O. Box 450014

Selfridge ANGB, MI 48045-0014

#### College Student Application Eligibility Requirements:

- Must be the family member of an active duty, retired, reserve, or deceased active duty service member of any rank/rate from any branch of the U.S. Armed Forces.
- The sponsor of the family member must be living or stationed in the Southeastern Michigan military community. If the sponsor of the family member is deceased or on a tour outside the given region, the family member must be living in the Southeastern Michigan area.
- Must posses a valid U.S. Uniformed Services Identification and Privilege Card (ID card).
- Must be enrolled as a part -time or full-time student at an accredited college, university, or vocationaltechnical school.
- Must be enrolled in a program or field of study leading to a recognized diploma, degree, or certificate.
- Each family member is eligible to receive one scholarship.
- Once a scholarship has been awarded, the recipient is not eligible for any further SSC scholarships.
- Application MUST BE completed and returned or postmarked no later than 1 March 2005 or the application will not be considered.

#### **Required Documentation:** (Check off as completed)

1.	Completed typed application form, personal statement and three (3) recommendations.
2.	Official transcript(s) with raised seal that show:
	a) courses completed during high school and/or college,
	b) cumulative grade point average on a scale of 0.0 - 4.0 with 4.0 being the highest, and
	c) grades in the last grading period.
3.	Photocopy of U.S. Uniformed Services and Privilege Card (ID card).

<u>Confidentiality</u> The information provided will be held in the utmost confidence and will only be used by members of the SSC Scholarship Committee for the selection of this award.

**Questions** Any questions regarding the application can be posed to the SCC Scholarship & Community Benefits Committee at the above address.

### **APPLICANT**

. 1101110	LAST	FIRST	MIDDLE
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TY		STATE	ZIP CODE
Telephone Number	er: ( )		
Social Security Nu	umber:		
Sponsor's Name:			
Rank:	Status:	Branch of Sei	rvice:
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## SCHOOL DATA

Post-secondary school in which applicant is attending:	
NAME OF SCHOOL	
ADDRESS	
FINANCIAL AID OFFICER AREA CODE NUMBER	
2. Anticipated graduation date:	
3. Major area of study	
FINANCIAL INFORMATION	
1) What expenses do you anticipate and how do you plan to meet them? Use additional sheets if necessary.	
<del></del>	
Please list any unusual family or personal circumstances that have affected your achievement in school, experience, or your participation in school activities.	
3) Do you intend to apply for financial aid at the school you plan to attend?If so, give of	details
4) Have you received or do you expect to receive scholarship aid from any other source?If so details	), give 

HONOR/AWARD	REASON F	OR HONOR	YEAR AWARDED
school and/or co	acurricular Activities: List all mmunity) in which you have p ve contribution. Indicate year(	participated to a signif	icant degree and to whic
ACTIVITY	POSITION HELD	YRS OF PARTICIPATION	CONTACT PERSON
) Paid Work Experience: L	ist below work experience. Include	· full or part-time, summer j	obs, baby-sitting, etc.
EMPLOYER	JOB DESCRIPTION	DATES	HOURS PER WEEK
EMPLOYER	JOB DESCRIPTION	DATES	HOURS PER WEEK
EMPLOYER  PERSONAL STATEME		DATES	HOURS PER WEEK
PERSONAL STATEME  Please attach a statement, elate to you personally and elped to form your persona		double-spaced pages, of y accouraging factors or signi goals. Consider this staten	your educational plans as the ficant experiences, which have nent carefully. It weighs heavi
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